

**United States Bankruptcy Court  
District of Utah**

In re **Jason Michael Jacobson,  
Valerie Nicole Jacobson**

Case No. 14-21468

Debtors

Chapter 7

**SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	<b>Yes</b>	1	<b>0.00</b>		
B - Personal Property	<b>Yes</b>	4	<b>15,707.00</b>		
C - Property Claimed as Exempt	<b>Yes</b>	1			
D - Creditors Holding Secured Claims	<b>Yes</b>	1		<b>28,094.00</b>	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	<b>Yes</b>	2		<b>8,300.00</b>	
F - Creditors Holding Unsecured Nonpriority Claims	<b>Yes</b>	27		<b>126,900.46</b>	
G - Executory Contracts and Unexpired Leases	<b>Yes</b>	1			
H - Codebtors	<b>Yes</b>	1			
I - Current Income of Individual Debtor(s)	<b>Yes</b>	2			<b>4,434.20</b>
J - Current Expenditures of Individual Debtor(s)	<b>Yes</b>	2			<b>4,391.88</b>
Total Number of Sheets of ALL Schedules		<b>42</b>			
		Total Assets	<b>15,707.00</b>		
			Total Liabilities	<b>163,294.46</b>	

**United States Bankruptcy Court  
District of Utah**

In re **Jason Michael Jacobson,  
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Case No. 14-21468

Debtors

Chapter 7

**STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)**

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

**This information is for statistical purposes only under 28 U.S.C. § 159.**

**Summarize the following types of liabilities, as reported in the Schedules, and total them.**

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	<b>0.00</b>
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	<b>8,300.00</b>
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	<b>0.00</b>
Student Loan Obligations (from Schedule F)	<b>0.00</b>
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	<b>0.00</b>
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	<b>0.00</b>
<b>TOTAL</b>	<b>8,300.00</b>

**State the following:**

Average Income (from Schedule I, Line 12)	<b>4,434.20</b>
Average Expenses (from Schedule J, Line 22)	<b>4,391.88</b>
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20 )	<b>3,852.63</b>

**State the following:**

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		<b>14,242.00</b>
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column	<b>8,300.00</b>	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		<b>0.00</b>
4. Total from Schedule F		<b>126,900.46</b>
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		<b>141,142.46</b>

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Case No. 14-21468

Debtors

## **SCHEDULE A - REAL PROPERTY**

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

**Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
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**None**

Sub-Total > **0.00** (Total of this page)

Total > **0.00**

0 continuation sheets attached to the Schedule of Real Property

(Report also on Summary of Schedules)

In re **Jason Michael Jacobson,  
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Case No. 14-21468

Debtors

## SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

**Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1. Cash on hand	X			
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		<b>Checking Account with Key Bank - Acct No. 2789 Negative \$341.51</b>	W	<b>0.00</b>
3. Security deposits with public utilities, telephone companies, landlords, and others.		<b>Rental Deposit with Roxanne Profitt -</b>	J	<b>800.00</b>
4. Household goods and furnishings, including audio, video, and computer equipment.		<b>Kitchen Table and Chairs (\$25) - Location: Residence</b>  <b>Cooking Utensils (\$15) - Flatware (\$5) - Cookware (\$15) - Night Stands (\$15) - Television (\$75) - DVD Player (\$10) - Stereo (\$15) - Couch (\$50) - Loveseat (\$25) - End Tables (\$5) - Dressers (\$65) - Lamps (\$5)</b>  <b>Location: Residence</b>  <b>Microwave - Location: Residence</b>	J	<b>25.00</b>
			J	<b>300.00</b>
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.		<b>DVDs (\$30) - Compact Disc (\$5) - Location: Residence</b>	J	<b>35.00</b>
6. Wearing apparel.		<b>Clothing (2) Adults (3) Children - Location: Residence</b>	J	<b>500.00</b>
7. Furs and jewelry.		<b>Costume Jewelry: Earrings, Watch, Necklaces - Location: Residence</b>	J	<b>25.00</b>
8. Firearms and sports, photographic, and other hobby equipment.	X			
				<b>Sub-Total &gt; (Total of this page)</b>
				<b>1,695.00</b>

3 continuation sheets attached to the Schedule of Personal Property

In re **Jason Michael Jacobson,  
Valerie Nicole Jacobson**

Case No. 14-21468

Debtors

**SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issuer.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			

Sub-Total >  
(Total of this page)

**0.00**

Sheet 1 of 3 continuation sheets attached to the Schedule of Personal Property

In re **Jason Michael Jacobson,  
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Case No. 14-21468

Debtors

**SCHEDULE B - PERSONAL PROPERTY**  
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		<b>2013 Dodge Dart Ralleye - 5800 Miles - VIN# 1C3CDFBAXDD307172 - Location: Residence</b>	J	<b>12,883.00</b>
		<b>1995 Honda Accord EX Coupe - 101,000 Miles - VIN# 1HGCD7152SA034556 - Location: Residence</b>	J	<b>969.00</b>
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.		<b>Printer (\$20) - Tablet (\$100) - Location: Residence</b>	J	<b>120.00</b>
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			
				<b>Sub-Total &gt; (Total of this page)</b>
				<b>13,972.00</b>

Sheet 2 of 3 continuation sheets attached  
to the Schedule of Personal Property

In re **Jason Michael Jacobson,  
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Case No. 14-21468

**SCHEDULE B - PERSONAL PROPERTY**  
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.		<b>Tools: Hammers, Screwdrivers, Wrenches - Location: Residence</b>	J	<b>25.00</b>
		<b>Lawnmower - Location: Residence</b>	J	<b>15.00</b>

Sheet 3 of 3 continuation sheets attached  
to the Schedule of Personal Property

Sub-Total >	<b>40.00</b>
(Total of this page)	
Total >	<b>15,707.00</b>

(Report also on Summary of Schedules)

In re **Jason Michael Jacobson,  
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Case No. 14-21468

Debtors

## SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:

(Check one box)

11 U.S.C. §522(b)(2)  
 11 U.S.C. §522(b)(3)

Check if debtor claims a homestead exemption that exceeds \$155,675. (Amount subject to adjustment on 4/1/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.)

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
<b><u>Household Goods and Furnishings</u></b>			
<b>Kitchen Table and Chairs (\$25) - Location: Residence</b>	<b>Utah Code Ann. § 78B-5-506(1)(b)</b>	<b>25.00</b>	<b>25.00</b>
<b>Cooking Utensils (\$15) - Flatware (\$5) - Cookware (\$15) - Night Stands (\$15) - Television (\$75) - DVD Player (\$10) - Stereo (\$15) - Couch (\$50) - Loveseat (\$25) - End Tables (\$5) - Dressers (\$65) - Lamps (\$5) - Location: Residence</b>			
<b>Microwave - Location: Residence</b>	<b>Utah Code Ann. § 78B-5-505(1)(a)(viii)(A)</b>	<b>10.00</b>	<b>10.00</b>
<b><u>Books, Pictures and Other Art Objects; Collectibles</u></b>			
<b>DVDs (\$30) - Compact Disc (\$5) - Location: Residence</b>	<b>Utah Code Ann. § 78B-5-506(1)(d)</b>	<b>35.00</b>	<b>35.00</b>
<b><u>Wearing Apparel</u></b>			
<b>Clothing (2) Adults (3) Children - Location: Residence</b>	<b>Utah Code Ann. § 78B-5-505(1)(a)(viii)(D)</b>	<b>500.00</b>	<b>500.00</b>
<b><u>Furs and Jewelry</u></b>			
<b>Costume Jewelry: Earrings, Watch, Necklaces - Location: Residence</b>	<b>Utah Code Ann. § 78B-5-506(1)(d)</b>	<b>25.00</b>	<b>25.00</b>
		<b>Total:</b>	<b>895.00</b>
<b>0</b> continuation sheets attached to Schedule of Property Claimed as Exempt			<b>895.00</b>

In re **Jason Michael Jacobson,  
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Case No. 14-21468

Debtors

## SCHEDELD D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTO R H W J C	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT J D UNLIQUIDATED C DISPUTED E N G E N T I D A T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No. xxx-xx1198			2/2012			
Loan Max Title Loans 5810 South 1900 West Roy, UT 84067	J		Purchase Money Security  1995 Honda Accord EX Coupe - 101,000 Miles - VIN# 1HGCD7152SA034556 - Location: Residence			
			Value \$ 969.00		2,900.00	1,931.00
Account No. xxxxxxxx0741			Opened 12/01/13 Last Active 1/31/14			
Wfs Financial/Wachovia Dealer Svcs PO Box 3569 Rancho Cucamonga, CA 91729	H		Purchase Money Security  2013 Dodge Dart Ralleye - 5800 Miles - VIN# 1C3CDFBAXDD307172 - Location: Residence			
			Value \$ 12,883.00		25,194.00	12,311.00
Account No.			Collecting for:  Wfs Financial/Wachovia Dealer Svcs			
Wells Fargo Dealer Services PO Box 25341 Santa Ana, CA 92799			Value \$		Notice Only	
Account No.						
			Value \$			
0 continuation sheets attached				Subtotal (Total of this page)	28,094.00	14,242.00
				Total (Report on Summary of Schedules)	28,094.00	14,242.00

In re **Jason Michael Jacobson,  
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Case No. 14-21468

Debtors

## **SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

### **TYPES OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

#### **Domestic support obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

#### **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

#### **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

#### **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

#### **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$6,150\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

#### **Deposits by individuals**

Claims of individuals up to \$2,775\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

#### **Taxes and certain other debts owed to governmental units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

#### **Commitments to maintain the capital of an insured depository institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).

#### **Claims for death or personal injury while debtor was intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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Case No. 14-21468

Debtors

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**  
(Continuation Sheet)

**Taxes and Certain Other Debts  
Owed to Governmental Units**

**TYPE OF PRIORITY**

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	CODE DEBTOR H W J C	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	TYPE OF PRIORITY				AMOUNT NOT ENTITLED TO PRIORITY, IF ANY	AMOUNT ENTITLED TO PRIORITY	
			C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M			
Account No. <b>xxx0136</b>	J	2009 to Current  Tax Liability						0.00	
Internal Revenue Service Centralized Insolvency Operation P.O. Box 7346 Philadelphia, PA 19101-0326							2,200.00		2,200.00
Account No. <b>xxx0136</b>	J	2009 to Current  Personal Tax Liability						0.00	
Utah State Tax Commission 210 N 1950 W Salt Lake City, UT 84134							6,100.00		6,100.00
Account No.									
Account No.									
Account No.									
Account No.									
Sheet <u>1</u> of <u>1</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Priority Claims	Subtotal (Total of this page)				<u>0.00</u>		<u>0.00</u>		
	Total (Report on Summary of Schedules)				<u>8,300.00</u>		<u>8,300.00</u>		
					<u>0.00</u>		<u>0.00</u>		
					<u>8,300.00</u>		<u>8,300.00</u>		

In re **Jason Michael Jacobson,  
Valerie Nicole Jacobson**

Case No. 14-21468

Debtors

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. <b>xx0553</b>			<b>2006 Personal Loan</b>				<b>2,244.24</b>
<b>Ace Financial of South Ogden 3520 Lincoln Ave. #3E Ogden, UT 84401</b>	J						
Account No. <b>1068</b>			<b>Opened 1/31/08 Last Active 4/07/08 Personal Loan</b>				<b>2,164.00</b>
<b>Ace Financial Ogden 3520 Lincoln Ave #3e Ogden, UT 84401</b>	H						
Account No. <b>xxxxxx1336</b>			<b>11/2013 Collection for Sprint</b>				<b>746.19</b>
<b>Allied Interstate PO Box 361474 Columbus, OH 43236</b>	J						
Account No. <b>xxxxxxxxxxxx2519</b>			<b>Opened 10/01/01 Last Active 3/14/03 Check Credit Or Line Of Credit</b>				<b>Unknown</b>
<b>America First Credit U PO Box 9199 Ogden, UT 84409</b>	W						
<b>26</b> continuation sheets attached				Subtotal (Total of this page)			<b>5,154.43</b>

In re **Jason Michael Jacobson,  
Valerie Nicole Jacobson**

Case No. 14-21468

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	AMOUNT OF CLAIM		
			CONTINGENT	UNLIQUIDATED	DISPUTED
Account No. xxxxxxxxxxxx2063	H	Opened 6/01/13 Last Active 1/29/14 Credit Card			
American Express PO Box 3001 16 General Warren Blvd Malvern, PA 19355	H				23,513.00
Account No. xx5453	J	2007 Collection for Cash Advantage			
Apelles PO Box 1197 Westerville, OH 43086	J				447.50
Account No. xxxxxxxx3291	J	2013 Cell Phone Contract			
AT&T Bankruptcy Department P.O. Box 769 Arlington, TX 76004	J				744.26
Account No. x3600	J	08/2008 Medical Treatment			
Bear Care Pediatrics 5495 South 500 East Ste. 100 Ogden, UT 84405	J				614.08
Account No. xxxxxxxxxxxx6291	J	2012 Movie Rental			
Blockbuster 3484 West 4800 South Roy, UT 84067	J				17.91
Sheet no. <u>1</u> of <u>26</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		Subtotal (Total of this page)			25,336.75

In re **Jason Michael Jacobson,  
Valerie Nicole Jacobson**

Case No. 14-21468

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE H W J C	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No.						
<b>Nation Action Financial Services PO Box 9027 Buffalo, NY 14231</b>		Collecting for: <b>Blockbuster</b>				<b>Notice Only</b>
Account No. xxxxxxxxxxxx8863						
<b>Bonded Adjustment Bureau 11620 South State St Suite 1404 Draper, UT 84020</b>	J	Opened 1/01/09 Last Active 5/12/11 Collection Attorney Mountain Medical Physicians				273.00
Account No. xxx9654		Med1 02 Stoneridge Dental				
<b>Bonneville Billing 1186 E 4600 S #100 Ogden, UT 84403-4896</b>	W					562.00
Account No.						
<b>Jensen, Sullivan &amp; Sullivan PO Box 150612 Ogden, UT 84415</b>		Collecting for: <b>Bonneville Billing</b>				<b>Notice Only</b>
Account No.						
<b>Stoneridge Dental 1448 N. 2000 West Ste. 1 Clearfield, UT 84015</b>		Collecting for: <b>Bonneville Billing</b>				<b>Notice Only</b>
Sheet no. <u>2</u> of <u>26</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			<b>835.00</b>

In re **Jason Michael Jacobson,  
Valerie Nicole Jacobson**

Case No. 14-21468

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B E T O R	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CON T I N G E N T	U N L I Q U I D A T E D	DIS P U T E D	AMOUNT OF CLAIM
Account No. <b>xxx0576</b>		2012 Med1 02 Kidz Dental Works 2				<b>419.00</b>
<b>Bonneville Billing 1186 E 4600 S #100 Ogden, UT 84403-4896</b>	<b>W</b>	<b>Maverik Country Stores</b>				<b>343.00</b>
Account No. <b>xxx9878</b>	<b>H</b>	<b>Med1 02 Christensen Endodontics</b>				<b>88.00</b>
<b>Bonneville Billing 1186 E 4600 S #100 Ogden, UT 84403-4896</b>	<b>H</b>	<b>2012 Med1 02 Ogden Clinic</b>				<b>133.00</b>
Account No. <b>xxx2566</b>	<b>H</b>	<b>06/2010 Collection for Chase</b>				<b>90.76</b>
<b>Capital Management 726 Exchange Street Suite 700 Buffalo, NY 14210</b>	<b>J</b>					
Sheet no. <b>3</b> of <b>26</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			<b>1,073.76</b>

In re **Jason Michael Jacobson,  
Valerie Nicole Jacobson**

Case No. 14-21468

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. xxxxxxxxxxxxx7867		Med1 02 Mountain Star Paml				
Chapmanfinsr PO Box 14693 Spokane, WA 99214	H					794.00
Account No. xxxxxxxxxxxxx4937		Med1 02 Mountain Star Paml				
Chapmanfinsr PO Box 14693 Spokane, WA 99214	H					331.00
Account No. xxxxxxxxxxxxx4005		Med1 02 Mountain Star Paml				
Chapmanfinsr PO Box 14693 Spokane, WA 99214	H					261.00
Account No. xx6649		09/2010 Collection for After Hours Medical				
CheckNet 745 East 1910 South Suite 4 Provo, UT 84606	J					325.83
Account No. x7626		05/2008 Collection for Wasatch Hills Management				
Collection Bureau of Utah PO Box 1270 Ogden, UT 84402	J					1,648.47
Sheet no. <u>4</u> of <u>26</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		Subtotal (Total of this page)				<u>3,360.30</u>

In re **Jason Michael Jacobson,  
Valerie Nicole Jacobson**

Case No. 14-21468

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
			C	UNLIQUIDATED	DISPUTED	
Account No. <b>x775-1</b>		<b>2006 Personal Loan</b>				
<b>Convenient Loan of Ogden 2935 Washington Blvd. Ogden, UT 84401</b>	<b>J</b>					<b>305.48</b>
Account No. <b>xxxx9585</b>		<b>06 American Family Insurance</b>				
<b>Credit Collections Svc PO Box 773 Needham, MA 02494</b>	<b>H</b>					<b>601.00</b>
Account No.						
<b>American Family Insurance 9066 S 1510 W West Jordan, UT 84088</b>		<b>Collecting for: Credit Collections Svc</b>				<b>Notice Only</b>
Account No. <b>xxxxxx0093</b>		<b>12/2009 Medical Treatment</b>				
<b>Davis Hospital and Medical Center 1600 West Antelope Drive Layton, UT 84041</b>	<b>J</b>					<b>4,577.00</b>
Account No. <b>xxxxxx0006</b>		<b>03/2010 Medical Treatment</b>				
<b>Davis Hospital and Medical Center 1600 West Antelope Drive Layton, UT 84041</b>	<b>J</b>					<b>749.50</b>
Sheet no. <b>5</b> of <b>26</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			<b>6,232.98</b>

In re **Jason Michael Jacobson,  
Valerie Nicole Jacobson**

Case No. 14-21468

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. <b>xxxxxx0092</b>		<b>11/2009 Medical Treatment</b>				
<b>Davis Hospital and Medical Center 1600 West Antelope Drive Layton, UT 84041</b>	<b>J</b>					<b>1,127.00</b>
Account No. <b>xx-xxxxx6312</b>		<b>11/2007 Medical Treatment</b>				
<b>Emergency Physician Statement P.O. Box 96398 Oklahoma City, OK 73143</b>	<b>J</b>					<b>677.00</b>
Account No. <b>xxxx1062</b>		<b>2012 Collection for Wells Fargo Bank</b>				
<b>Enhanced Recovery Company, LLC 8014 Bayberry Road Jacksonville, FL 32256-7412</b>	<b>H</b>					<b>815.79</b>
Account No. <b>xx0701</b>		<b>2006 Medical Treatment</b>				
<b>Epic Emergency Physicians 144 South 500 East Salt Lake City, UT 84102</b>	<b>J</b>					<b>440.03</b>
Account No.		<b>Collecting for: Epic Emergency Physicians</b>				<b>Notice Only</b>
<b>Law Offices of Quinn M. Kofford P.C. 43 N 470 W American Fork, UT 84003</b>						
Sheet no. <b>6</b> of <b>26</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			<b>3,059.82</b>

In re **Jason Michael Jacobson,  
Valerie Nicole Jacobson**

Case No. 14-21468

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. <b>xxx0812</b>		<b>Med1 02 John J Christensen Dds</b>				
<b>Express Recovery Services, Inc PO Box 26415 Salt Lake City, UT 84126-0415</b>	<b>H</b>					<b>1,160.00</b>
Account No. <b>xxx6697</b>		<b>05 Lady Fitness</b>				
<b>Express Recovery Services, Inc PO Box 26415 Salt Lake City, UT 84126-0415</b>	<b>W</b>					<b>629.00</b>
Account No. <b>xxx3610</b>		<b>Med1 02 Pediatric Dental Roy</b>				
<b>Express Recovery Services, Inc PO Box 26415 Salt Lake City, UT 84126-0415</b>	<b>W</b>					<b>551.00</b>
Account No. <b>xxx9912</b>		<b>Med1 02 Utah Imaging Associates</b>				
<b>Express Recovery Services, Inc PO Box 26415 Salt Lake City, UT 84126-0415</b>	<b>J</b>					<b>223.00</b>
Account No. <b>xxx9889</b>		<b>Med1 02 Utah Imaging Associates</b>				
<b>Express Recovery Services, Inc PO Box 26415 Salt Lake City, UT 84126-0415</b>	<b>J</b>					<b>185.00</b>
Sheet no. <b>7</b> of <b>26</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			<b>2,748.00</b>

In re **Jason Michael Jacobson,  
Valerie Nicole Jacobson**

Case No. 14-21468

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. <b>xx3637</b>		<b>Opened 4/01/10 Factoring Company Account Cash Call</b>				
<b>Federal Pacific Credit 1795 W 2300 S Salt Lake City, UT 84119</b>	<b>H</b>					<b>5,475.00</b>
Account No.						
<b>Chad Steur Law LLC 1795 West 2300 South Salt Lake City, UT 84119</b>		<b>Collecting for: Federal Pacific Credit</b>				<b>Notice Only</b>
Account No. <b>xxxxxxxxxxxx4048</b>		<b>Opened 2/01/08 Last Active 4/10/08 Credit Card</b>				
<b>First Premier Bank 601 S Minnesota Ave Sioux Falls, SD 57104</b>	<b>H</b>					<b>468.00</b>
Account No. <b>xx8278</b>		<b>2007 Collection for Buckeye Check Cashing/Worldwide Asset Purchasing</b>				
<b>FNCB Inc. PO Box 51660 Sparks, NV 89435</b>	<b>J</b>					<b>502.00</b>
Account No. <b>xxxxxx0341</b>		<b>2012 Collection for Maverik Country Store</b>				
<b>G. Scott Jensen PO Box 150612 Ogden, UT 84415</b>	<b>H</b>					<b>102.66</b>
Sheet no. <b>8</b> of <b>26</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			<b>6,547.66</b>

In re **Jason Michael Jacobson,  
Valerie Nicole Jacobson**

Case No. 14-21468

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	AMOUNT OF CLAIM		
			CONTINGENT	UNLIQUIDATED	DISPUTED
Account No. <b>Jacobson</b>	H	2005 Personal Loan			
Gentry Finance 2260 Washington Boulevard Ogden, UT 84401	J				305.00
Account No. <b>xxxx2490</b>	H	Opened 10/01/11 Collection Attorney Intermountain Healthcare			
IC System Attn: Bankruptcy PO Box 64378 Saint Paul, MN 55164	H				2,771.00
Account No.	H	Collecting for: IC System			Notice Only
IC Systems PO Box 64887 Saint Paul, MN 55164	H				
Account No. <b>xxxxxxxx-xxx-xx9-SHS</b>	H	2012 Medical Treatment			
IC System Inc. PO Box 64887 Saint Paul, MN 55164	H				466.75
Account No. <b>xxxxxx77-45</b>	W	07/2010 Collection for Intermountain Healthcare			
IC Systems PO Box 64886 Saint Paul, MN 55164	W				635.70
Sheet no. <b>9</b> of <b>26</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		Subtotal (Total of this page)			<b>4,178.45</b>

In re **Jason Michael Jacobson,  
Valerie Nicole Jacobson**

Case No. 14-21468

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. <b>xxx-xxxxx7044</b>		<b>04/2010 Medical Treatment</b>				
<b>Intermountain Central Laboratory 5252 S. Intermountain Drive Salt Lake City, UT 84107</b>	<b>J</b>					<b>96.66</b>
Account No. <b>xxx-xxxxx9494</b>		<b>04/2011 Medical Treatment</b>				
<b>Intermountain Central Laboratory 5252 South Intermountain Drive Salt Lake City, UT 84107</b>	<b>J</b>					<b>23.58</b>
Account No. <b>xxx-xxxxx7044</b>		<b>2012 Medical Treatment</b>				
<b>Intermountain Health Care 4646 W. Lake Park Blvd. Salt Lake City, UT 84130</b>	<b>H</b>					<b>1,968.58</b>
Account No. <b>xxxx2691</b>		<b>Med1 02 Mckay Dee Hospital Center</b>				
<b>Intermountain Healthcare Attn: Bankruptcy PO Box 27808 Salt Lake City, UT 84127</b>	<b>W</b>					<b>550.00</b>
Account No. <b>xxxx4156</b>		<b>04/2007 Medical Treatment</b>				
<b>Intermountain Healthcare PO Box 30191 Salt Lake City, UT 84130</b>	<b>J</b>					<b>404.00</b>
Sheet no. <b>10</b> of <b>26</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			<b>3,042.82</b>

In re **Jason Michael Jacobson,  
Valerie Nicole Jacobson**

Case No. 14-21468

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. <b>x1122</b>		<b>01/2011</b> <b>Collection for Haven Pointe Apartments</b>				<b>295.00</b>
Kirk A. Cullimore 644 East Union Square Sandy, UT 84070	J					
Account No. <b>xxx3610</b>		<b>2012</b> <b>Collection for Pediatric Dental Roy</b>				<b>768.66</b>
Knight Adjustment Bureau 404 East 4500 South # A-34 Salt Lake City, UT 84107	J					
Account No. <b>xxx0812</b>		<b>2012</b> <b>Collection for John J. Christensen DDS</b>				<b>1,879.50</b>
Knight Adjustment Bureau 404 East 4500 South # A-34 Salt Lake City, UT 84107	H					
Account No. <b>xxxxx1169</b>		<b>2010</b> <b>Collection for Elite Fire/Epn Inc.</b>				<b>5,054.31</b>
Law Offices of Kevin Richards 746 East 1910 South Ste. 5 Provo, UT 84606	J					
Account No. <b>xxxxx5228</b>		<b>2012</b> <b>Medical Treatment</b>				<b>1,232.40</b>
Layton Family Practice 3 Maryland Farms, Ste. 250 Brentwood, TN 37027	J					
Sheet no. <u>11</u> of <u>26</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			<b>9,229.87</b>

In re **Jason Michael Jacobson,  
Valerie Nicole Jacobson**

Case No. 14-21468

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No.						
<b>CAC Financial Corp 2601 NW Expressway Ste. 1000E Oklahoma City, OK 73112</b>		<b>Collecting for: Layton Family Practice</b>				<b>Notice Only</b>
Account No. <b>xxxxx4915</b>		<b>2012 Medical Treatment</b>				<b>126.00</b>
<b>Layton Family Practice 3 Maryland Farms, Ste. 250 Brentwood, TN 37027</b>	<b>J</b>	<b>08/2008 Collection for Therapies for Health</b>				
Account No. <b>xxx0388</b>						
<b>LJT Resources Inc. PO Box 1522 Ogden, UT 84402</b>	<b>J</b>					<b>802.71</b>
Account No. <b>xxx-xx5596</b>		<b>09/2007 Deficiency on 93 Saturn</b>				
<b>Loan Max Title Loans 5810 South 1900 West Roy, UT 84067</b>	<b>J</b>					<b>1,170.15</b>
Account No. <b>Jacobson</b>		<b>07/2011 Broken rental lease</b>				
<b>Maple Apartments 459 North 300 West #12 Kaysville, UT 84037</b>	<b>J</b>					<b>1,200.00</b>
Sheet no. <b>12</b> of <b>26</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			<b>3,298.86</b>

In re **Jason Michael Jacobson,  
Valerie Nicole Jacobson**

Case No. 14-21468

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. <b>Jacobson</b>		<b>05/2006</b> <b>Medical Treatment</b>				<b>57.03</b>
Material Fetal Services of Utah PO Box 404496 Atlanta, GA 30384	J	Collecting for: <b>Material Fetal Services of Utah</b>				<b>Notice Only</b>
Account No.						
Maternal Fetal Services 1140 East 3900 South Salt Lake City, UT 84124						
Account No. <b>xxx-xxxx6028</b>		<b>09/2008</b> <b>Medical Treatment</b>				<b>1,584.86</b>
McKay Dee Hospital 4401 Harrison Blvd. Ogden, UT 84403	J					
Account No. <b>xxx-xxxx6275</b>		<b>02/2007</b> <b>Medical Treatment</b>				<b>502.35</b>
McKay-Dee Hospital Center 4401 Harrison Boulevard Ogden, UT 84403	J					
Account No. <b>xxx0371</b>		<b>2007</b> <b>Medical Treatment</b>				<b>432.64</b>
Millcreek Anesthesia 1954 E. Ft Union Blvd. Ste 104 Salt Lake City, UT 84121	J					
Sheet no. <u>13</u> of <u>26</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			<b>2,576.88</b>

In re **Jason Michael Jacobson,  
Valerie Nicole Jacobson**

Case No. 14-21468

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. xxxxxxxx6050		Med1 02 Epic Emerg Phys Integrated D				
Mountain Land Collection PO Box 1280 American Fork, UT 84003	H					568.00
Account No. xxxxxxx-xMMPS		03/2013 Medical Treatment				
Mountain Medical 5444 S. Green Street Salt Lake City, UT 84123	H					131.44
Account No. xxxx-xxx1606		2012 Medical Treatment				
Mountain Medical Physician Specialists PO Box 29684 Phoenix, AZ 85038	J					13.66
Account No. xxxx3150		2012 Medical Treatment				
Mountain Medical Physician Specialists PO Box 29684 Phoenix, AZ 85038	H					240.26
Account No.						
Bennett Law 10542 S. Jordan Gateway Ste 200 South Jordan, UT 84095		Collecting for: Mountain Medical Physician Specialists				Notice Only
Sheet no. <u>14</u> of <u>26</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		Subtotal (Total of this page)				<u>953.36</u>

In re **Jason Michael Jacobson,  
Valerie Nicole Jacobson**

Case No. 14-21468

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. <b>xxx8397</b>		<b>2012 Medical Treatment</b>				<b>244.32</b>
<b>Mountain Medical Physician Specialists PO Box 29684 Phoenix, AZ 85038</b>	<b>H</b>	<b>Collecting for: Mountain Medical Physician Specialists</b>				<b>Notice Only</b>
Account No.						
<b>Checknet 746 East 1910 South Ste 4 Provo, UT 84606</b>		<b>03/2012 Medical Treatment</b>				<b>821.65</b>
Account No. <b>xxxxxx1670</b>		<b>2013 Medical Treatment</b>				<b>1,463.79</b>
<b>Mountain Star Clinical Services P.O. Box 2695 Spokane, WA 99220</b>	<b>W</b>	<b>Collecting for: Mountain Star Clinical Services</b>				<b>Notice Only</b>
Account No. <b>xxxxxx7867</b>						
<b>Mountain Star Clinical Services P.O. Box 2695 Spokane, WA 99220</b>	<b>H</b>	<b>Collecting for: Mountain Star Clinical Services</b>				<b>Notice Only</b>
Account No.						
<b>Chapman Financial Services of WA, Inc. 1424 North Argonne Road P.O. Box 14693 Spokane, WA 99214-0693</b>						
Sheet no. <b>15</b> of <b>26</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			<b>2,529.76</b>

In re **Jason Michael Jacobson,  
Valerie Nicole Jacobson**

Case No. 14-21468

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. <b>xxx0286</b>		<b>10/2009</b> <b>Medical Treatment</b>				
<b>Mountain Star Physicians PO Box 187 Layton, UT 84041</b>	<b>J</b>					<b>15.00</b>
Account No. <b>1064</b>		<b>2006</b> <b>Medical Treatment</b>				
<b>Mt. Olympus Obstetrics and Gynecology 1120 E. 3900 S. Ste 3E Salt Lake City, UT 84124</b>	<b>J</b>					<b>310.00</b>
Account No. <b>xx9189</b>		<b>2012</b> <b>Collection for Midtown Community Health Center</b>				
<b>NAR 1600 West 2200 South Ste 410 Salt Lake City, UT 84119</b>	<b>W</b>					<b>435.71</b>
Account No. <b>xxx0600</b>		<b>2012</b> <b>Collection for Hillfield Pediatric &amp; Family Dentistry</b>				
<b>NAR 1600 West 2200 South Ste 410 Salt Lake City, UT 84119</b>	<b>J</b>					<b>472.04</b>
Account No. <b>xx6350</b>		<b>09/2010</b> <b>Collection for Wasatch Hills Management Co</b>				
<b>NAR 5225 Wiley Post Way #410 Salt Lake City, UT 84116</b>	<b>J</b>					<b>1,928.22</b>
Sheet no. <b>16</b> of <b>26</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			<b>3,160.97</b>

In re **Jason Michael Jacobson,  
Valerie Nicole Jacobson**

Case No. 14-21468

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
					759.00
Account No. xxxxxxxxx8411  <b>NAR Inc</b> 5225 N Wiley Post Way St Salt Lake City, UT 84116	H	Opened 8/01/10 Collection Attorney Lock It Up Self Storage			
Account No. xxxx4585  <b>NCO Financial</b> PO Box 15537 Wilmington, DE 19850	J	06/2008 Medical Treatment			5,258.36
Account No. xxxx3395  <b>Northland Group</b> PO Box 390846 Minneapolis, MN 55439	J	09/2008 Collection for Check\$mart			256.02
Account No. Jacobson  <b>Ogden Clinic</b> 4650 Harrison Boulevard Ogden, UT 84403	H	09/2010 Medical Treatment			133.00
Account No. xxxx6872  <b>Ogden Regional Medical Center</b> PO Box 99587 Louisville, KY 40269	W	2012 Medical Treatment			2,937.08
Sheet no. <u>17</u> of <u>26</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)		9,343.46

In re **Jason Michael Jacobson,  
Valerie Nicole Jacobson**

Case No. 14-21468

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE H W J C	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No.						
<b>NCO Financial Systems 10540 White Rock Rd., Ste. 250 Rancho Cordova, CA 95670</b>		<b>Collecting for: Ogden Regional Medical Center</b>				<b>Notice Only</b>
Account No.						
<b>NCO Financial Systems, Inc. P.O. Box 15618 Dept. 35 Wilmington, DE 19850</b>		<b>Collecting for: Ogden Regional Medical Center</b>				<b>Notice Only</b>
Account No. <b>xxxxx3204</b>	<b>J</b>	<b>07/2006 Medical Treatment</b>				<b>375.41</b>
<b>Ogden Regional Medical Center PO Box 490654 Atlanta, GA 30384</b>						
Account No. <b>xxxxx5523</b>	<b>J</b>	<b>2007 Collection for Qwest Communications</b>				
<b>Omnium 7820 E. Broadway Blvd. Suite 200 Tucson, AZ 85710</b>						<b>269.26</b>
Account No. <b>xxxxxx32-10</b>	<b>J</b>	<b>08/2007 Collection for Direct TV</b>				
<b>Plaza Associates 370 Seventh Ave. New York, NY 10001</b>						<b>113.81</b>
Sheet no. <b>18</b> of <b>26</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			<b>758.48</b>

In re **Jason Michael Jacobson,  
Valerie Nicole Jacobson**

Case No. 14-21468

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B E T O R  H W J C	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CON T I N G E N T	U N L I Q U I D A T E D	DIS P U T E D	AMOUNT OF CLAIM
Account No.						
Direct TV P.O. Box 78626 Phoenix, AZ 85062		Collecting for: Plaza Associates				Notice Only
Account No. <b>xxxx-xxxx-xxxx-4048</b>		06/2008 Credit Card				
Premier Bankcard 3820 N. Louise Ave. Sioux Falls, SD 57107	J					468.89
Account No.						
Jefferson Capital Systems 16 McLeland Road Saint Cloud, MN 56303		Collecting for: Premier Bankcard				Notice Only
Account No. <b>xx9008</b>		Opened 10/01/06 Last Active 12/10/13 Deficiency on a 2003 Ford Explorer				
Prestige Financial Service Attn: Bankruptcy Department PO Box 26707 Salt Lake City, UT 84126	H					20,250.00
Account No.						
Prestige Financial 1420 South 500 West Salt Lake City, UT 84115		Collecting for: Prestige Financial Service				Notice Only
Sheet no. <b>19</b> of <b>26</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			<b>20,718.89</b>

In re **Jason Michael Jacobson,  
Valerie Nicole Jacobson**

Case No. 14-21468

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
					NOTICE ONLY
Account No.					
Sam Harkness 1420 South 500 West Salt Lake City, UT 84115		Collecting for: Prestige Financial Service			Notice Only
Account No. xxx-xxxx7405		04/2010 Medical Treatment			
Primary Children's Hospital 100 North Mario Capecchi Drive Salt Lake City, UT 84113-1100	J				133.38
Account No.					
Primary Childrens Medical PO Box 410400 Salt Lake City, UT 84141		Collecting for: Primary Children's Hospital			Notice Only
Account No. xxxxxxxx0357		06/2013 Insurance Policy			
Progressive Direct Insurance PO Box 55126 Boston, MA 02205	J				167.63
Account No. xxx0136		2008 Personal Loan			
Quick Loan 5366 South 1900 West Roy, UT 84067-2907	J				776.00
Sheet no. <u>20</u> of <u>26</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		Subtotal (Total of this page)			<u>1,077.01</u>

In re **Jason Michael Jacobson,  
Valerie Nicole Jacobson**

Case No. 14-21468

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. <b>xxxx6993</b>		<b>10/2008 Collection for T-Mobile</b>				
<b>Receivable Performance 20816 44th Ave. W Lynnwood, WA 98036</b>	<b>J</b>					<b>1,107.22</b>
Account No. <b>xxxxxxxx40-M9</b>		<b>2012 Collection for Select Health</b>				
<b>Recievable Management Service 1250 E. Diehl Road Ste. 300 Naperville, IL 60563</b>	<b>H</b>					<b>25.34</b>
Account No. <b>xxxxxxxxxx0506</b>		<b>10/2008 Collection for Washington Mutual</b>				
<b>RJM Acquisitions PO Box 18006 Hauppauge, NY 11788</b>	<b>J</b>					<b>Unknown</b>
Account No.						
<b>RJM Acquisitions LLC 575 Underhill Boulevard Suite 224 Syosset, NY 11791-9827</b>		<b>Collecting for: RJM Acquisitions</b>				<b>Notice Only</b>
Account No. <b>xxxxx0575</b>		<b>10/2012 Broken Lease</b>				
<b>Settlers Landing Apartments 3330 S. Midland Drive West Haven, UT 84401</b>	<b>J</b>					<b>550.59</b>
Sheet no. <b>21</b> of <b>26</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			<b>1,683.15</b>

In re **Jason Michael Jacobson,  
Valerie Nicole Jacobson**

Case No. 14-21468

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. <b>xx6221</b>		2012 Collection for Dr. F. Zane Jessen				<b>363.19</b>
SRL & Associates PO Box 1037 Lehi, UT 84043	H	Collecting for: <b>SRL &amp; Associates</b>				<b>Notice Only</b>
Account No.		Opened 8/01/13 Collection Attorney Comcast				<b>641.00</b>
Stellar Recovery Inc 1327 Highway 2 Wes Kalispell, MT 59901	W	Collecting for: <b>Stellar Recovery Inc</b>				<b>Notice Only</b>
Account No.		Collecting for: <b>Stellar Recovery Inc</b>				<b>Notice Only</b>
Comcast 752 Marshall Way Layton, UT 84041		Collecting for: <b>Stellar Recovery Inc</b>				<b>Notice Only</b>
Account No.		Collecting for: <b>Stellar Recovery Inc</b>				<b>Notice Only</b>
Law Offices of Quinn M. Kofford P.C. 43 N 470 W American Fork, UT 84003		Subtotal (Total of this page)				<b>1,004.19</b>

Sheet no. 22 of 26 sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

In re **Jason Michael Jacobson,  
Valerie Nicole Jacobson**

Case No. 14-21468

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
					1 2 3 4
Account No. <b>xxxxx9431</b>		<b>11/2008 Cell Phone Contract</b>			<b>1,107.22</b>
<b>T-Mobile P.O. Box 660252 Dallas, TX 75266-0252</b>	<b>J</b>				
Account No. <b>xx3753</b>		<b>03/2008 Medical Treatment</b>			<b>94.00</b>
<b>Tanner Clinic PO Box 337 Layton, UT 84041-0337</b>	<b>J</b>				
Account No. <b>xxx-1694</b>		<b>10/2010 Deficiency on 95 Nissan</b>			<b>Unknown</b>
<b>Titanium Funds 1265 S. State Street Clearfield, UT 84015</b>	<b>J</b>				
Account No. <b>xxxx-xxxx-xxxx-0933</b>		<b>06/2008 Credit Card</b>			<b>247.75</b>
<b>Tribute PO Box 136 Newark, NJ 07101</b>	<b>J</b>				
Account No. <b>xxxxx2449</b>		<b>10/2008 Medical Treatment</b>			<b>960.94</b>
<b>University of Utah Collections PO Box 510511 Salt Lake City, UT 84151</b>	<b>J</b>				
Sheet no. <u>23</u> of <u>26</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal (Total of this page)	<b>2,409.91</b>

In re **Jason Michael Jacobson,  
Valerie Nicole Jacobson**

Case No. 14-21468

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. <b>xx6221</b>		<b>Med1 02 Dr F Zane Jessen</b>				
<b>Untd Rcvy Gr 11639 S 700 E Draper, UT 84020</b>	<b>H</b>					<b>115.00</b>
Account No. <b>xxxxxx-xxxA1-UT</b>		<b>12/2009 Medical Treatment</b>				
<b>Utah Imaging Associates Inc. P.O. Box 2247 Indianapolis, IN 46206</b>	<b>J</b>					<b>318.00</b>
Account No.						
<b>Utah Imaging Associates PO Box 1369 Bountiful, UT 84011</b>		<b>Collecting for: Utah Imaging Associates Inc.</b>				<b>Notice Only</b>
Account No. <b>xxxxxxxxxx0001</b>		<b>Opened 11/01/12 Last Active 5/31/13 Cell Phone Contract</b>				
<b>Verizon Attn: Bankruptcy PO Box 3397 Bloomington, IL 61702</b>	<b>H</b>					<b>2,242.00</b>
Account No.						
<b>Receivable Performance 20816 44th Ave. W Lynnwood, WA 98036</b>		<b>Collecting for: Verizon</b>				<b>Notice Only</b>
Sheet no. <b>24</b> of <b>26</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			<b>2,675.00</b>

In re **Jason Michael Jacobson,  
Valerie Nicole Jacobson**

Case No. 14-21468

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
						Notice Only
Account No.						
<b>Verizon Wireless PO Box 1548 Lynnwood, WA 98046</b>		Collecting for: <b>Verizon</b>				<b>Notice Only</b>
Account No. <b>xxxxxxxxxxxx6104</b>		<b>Opened 6/01/12 Last Active 10/26/12 Credit Line Secured</b>				<b>277.00</b>
<b>Wells Fargo Card Service 1 Home Campus 3rd Floor Des Moines, IA 50328</b>	<b>H</b>					
Account No.						
<b>VCS PO Box 59207 Minneapolis, MN 55459</b>		Collecting for: <b>Wells Fargo Card Service</b>				<b>Notice Only</b>
Account No. <b>xxxx4411</b>		<b>Opened 4/01/13 Collection Attorney Ogden Regional Medical Center</b>				<b>1,111.00</b>
<b>West Asset 2703 North Highway 75 Sherman, TX 75090</b>	<b>H</b>					
Account No.						
<b>Ogden Regional Medical Center PO Box 740757 Cincinnati, OH 45274-0757</b>		Collecting for: <b>West Asset</b>				<b>Notice Only</b>
Sheet no. <b>25</b> of <b>26</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			<b>1,388.00</b>

In re **Jason Michael Jacobson,  
Valerie Nicole Jacobson**

Case No. 14-21468

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B E T O R  H W J C	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	AMOUNT OF CLAIM		
			CONTINGENT	UNLIQUIDATED	DISPUTED
Account No.		Collecting for: <b>West Asset</b>			Notice Only
<b>West Asset Management</b> PO Box 790113 Saint Louis, MO 63179					
Account No. xxxx6800		Opened 3/01/13 Collection Attorney Ogden Regional Medical Center			1,104.00
<b>West Asset</b> 2703 North Highway 75 Sherman, TX 75090	W				
Account No. xxxx9940		04/2009 Collection for Ogden Regional			1,418.70
<b>West Asset Management</b> PO Box 790113 Saint Louis, MO 63179	J				
Account No.					
Account No.					
Sheet no. <u>26</u> of <u>26</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		Subtotal (Total of this page)			<u>2,522.70</u>
		Total (Report on Summary of Schedules)			<u>126,900.46</u>

In re **Jason Michael Jacobson,  
Valerie Nicole Jacobson**

Case No. 14-21468

Debtors

## **SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES**

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code,  
of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest.  
State whether lease is for nonresidential real property.  
State contract number of any government contract.

**0**

continuation sheets attached to Schedule of Executory Contracts and Unexpired Leases

In re **Jason Michael Jacobson,  
Valerie Nicole Jacobson**

Case No. 14-21468

Debtors

## SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR

NAME AND ADDRESS OF CREDITOR

**0**

continuation sheets attached to Schedule of Codebtors

Fill in this information to identify your case:

Debtor 1	<u>Jason Michael Jacobson</u>
Debtor 2 (Spouse, if filing)	<u>Valerie Nicole Jacobson</u>
United States Bankruptcy Court for the:	<u>DISTRICT OF UTAH</u>
Case number (if known)	<u>14-21468</u>

Check if this is:

An amended filing  
 A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY

## Official Form B 6I

### Schedule I: Your Income

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

	Debtor 1	Debtor 2 or non-filing spouse
Employment status	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed
Occupation	<u>Truck Driver</u>	<u>Food Technician</u>
Employer's name	<u>Francis Trucking</u>	<u>Weber School District</u>
Employer's address	<u>1140 North Watery Lane Brigham City, UT 84302</u>	<u>5320 Adams Ave Parkway Ogden, UT 84405</u>

How long employed there? 4 Months

5 Months

#### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ <u>4,860.00</u>	\$ <u>0.00</u>
3. Estimate and list monthly overtime pay.	3. +\$ <u>0.00</u>	+\$ <u>0.00</u>
4. Calculate gross Income. Add line 2 + line 3.	4. \$ <u>4,860.00</u>	\$ <u>0.00</u>

Debtor 1 **Jason Michael Jacobson**  
 Debtor 2 **Valerie Nicole Jacobson**

Case number (if known)

**14-21468**

**Copy line 4 here** .....

**5. List all payroll deductions:**

- 5a. **Tax, Medicare, and Social Security deductions**
- 5b. **Mandatory contributions for retirement plans**
- 5c. **Voluntary contributions for retirement plans**
- 5d. **Required repayments of retirement fund loans**
- 5e. **Insurance**
- 5f. **Domestic support obligations**
- 5g. **Union dues**
- 5h. **Other deductions. Specify:** \_\_\_\_\_

**6. Add the payroll deductions.** Add lines 5a+5b+5c+5d+5e+5f+5g+5h.

**7. Calculate total monthly take-home pay.** Subtract line 6 from line 4.

**8. List all other income regularly received:**

- 8a. **Net income from rental property and from operating a business, profession, or farm**

Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.

- 8b. **Interest and dividends**

- 8c. **Family support payments that you, a non-filing spouse, or a dependent regularly receive**

Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.

- 8d. **Unemployment compensation**

- 8e. **Social Security**

- 8f. **Other government assistance that you regularly receive**

Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.

Specify: \_\_\_\_\_

- 8g. **Pension or retirement income**

- 8h. **Other monthly income. Specify:** \_\_\_\_\_

**9. Add all other income.** Add lines 8a+8b+8c+8d+8e+8f+8g+8h.

**10. Calculate monthly income.** Add line 7 + line 9.

Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.

**11. State all other regular contributions to the expenses that you list in Schedule J.**

Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.

Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.

Specify: \_\_\_\_\_

11. +\$ 0.00

**12. Add the amount in the last column of line 10 to the amount in line 11.** The result is the combined monthly income.

Write that amount on the *Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data*, if it applies

12. \$ 4,434.20

**Combined monthly income**

**13. Do you expect an increase or decrease within the year after you file this form?**

No.

Yes. Explain: \_\_\_\_\_

Fill in this information to identify your case:

Debtor 1	<b>Jason Michael Jacobson</b>
Debtor 2	<b>Valerie Nicole Jacobson</b>
(Spouse, if filing)	
United States Bankruptcy Court for the:	<b>DISTRICT OF UTAH</b>
Case number	<b>14-21468</b>
(If known)	

Check if this is:

An amended filing  
 A supplement showing post-petition chapter 13 expenses as of the following date:

MM / DD / YYYY

A separate filing for Debtor 2 because Debtor 2 maintains a separate household

## Official Form B 6J

### Schedule J: Your Expenses

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

##### 1. Is this a joint case?

No. Go to line 2.  
 Yes. Does Debtor 2 live in a separate household?  
 No  
 Yes. Debtor 2 must file a separate Schedule J.

##### 2. Do you have dependents? No

Do not list Debtor 1 and Debtor 2.  Yes. Fill out this information for each dependent.....

Do not state the dependents' names.

Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
<b>Daughter</b>	<b>7</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Daughter</b>	<b>8</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Daughter</b>	<b>10</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Yes

##### 3. Do your expenses include expenses of people other than yourself and your dependents? No Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 6I.)

##### 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

##### If not included in line 4:

4a. Real estate taxes  
4b. Property, homeowner's, or renter's insurance  
4c. Home maintenance, repair, and upkeep expenses  
4d. Homeowner's association or condominium dues  
5. Additional mortgage payments for your residence, such as home equity loans

Your expenses	
4. \$	<b>1,450.00</b>
4a. \$	<b>0.00</b>
4b. \$	<b>20.00</b>
4c. \$	<b>0.00</b>
4d. \$	<b>0.00</b>
5. \$	<b>0.00</b>

Debtor 1 **Jason Michael Jacobson**  
 Debtor 2 **Valerie Nicole Jacobson**

Case number (if known) **14-21468**

6. <b>Utilities:</b>	
6a. Electricity, heat, natural gas	6a. \$ <b>270.00</b>
6b. Water, sewer, garbage collection	6b. \$ <b>41.00</b>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ <b>120.00</b>
6d. Other. Specify: <b>Internet</b>	6d. \$ <b>90.00</b>
7. <b>Food and housekeeping supplies</b>	7. \$ <b>700.00</b>
8. <b>Childcare and children's education costs</b>	8. \$ <b>65.00</b>
9. <b>Clothing, laundry, and dry cleaning</b>	9. \$ <b>165.00</b>
10. <b>Personal care products and services</b>	10. \$ <b>65.00</b>
11. <b>Medical and dental expenses</b>	11. \$ <b>250.00</b>
12. <b>Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ <b>350.00</b>
13. <b>Entertainment, clubs, recreation, newspapers, magazines, and books</b>	13. \$ <b>70.00</b>
14. <b>Charitable contributions and religious donations</b>	14. \$ <b>0.00</b>
15. <b>Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a. Life insurance	15a. \$ <b>0.00</b>
15b. Health insurance	15b. \$ <b>0.00</b>
15c. Vehicle insurance	15c. \$ <b>200.00</b>
15d. Other insurance. Specify: _____	15d. \$ <b>0.00</b>
16. <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$ <b>0.00</b>
17. <b>Installment or lease payments:</b>	
17a. Car payments for Vehicle 1	17a. \$ <b>535.88</b>
17b. Car payments for Vehicle 2	17b. \$ <b>0.00</b>
17c. Other. Specify: _____	17c. \$ <b>0.00</b>
17d. Other. Specify: _____	17d. \$ <b>0.00</b>
18. <b>Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).</b>	18. \$ <b>0.00</b>
19. <b>Other payments you make to support others who do not live with you.</b> Specify: _____	\$ <b>0.00</b>
20. <b>Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>	
20a. Mortgages on other property	20a. \$ <b>0.00</b>
20b. Real estate taxes	20b. \$ <b>0.00</b>
20c. Property, homeowner's, or renter's insurance	20c. \$ <b>0.00</b>
20d. Maintenance, repair, and upkeep expenses	20d. \$ <b>0.00</b>
20e. Homeowner's association or condominium dues	20e. \$ <b>0.00</b>
21. <b>Other:</b> Specify: _____	21. +\$ <b>0.00</b>
22. <b>Your monthly expenses.</b> Add lines 4 through 21. The result is your monthly expenses.	22. \$ <b>4,391.88</b>
23. <b>Calculate your monthly net income.</b>	
23a. Copy line 12 ( <i>your combined monthly income</i> ) from Schedule I.	23a. \$ <b>4,434.20</b>
23b. Copy your monthly expenses from line 22 above.	23b. -\$ <b>4,391.88</b>
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$ <b>42.32</b>
24. <b>Do you expect an increase or decrease in your expenses within the year after you file this form?</b> For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?	
<input checked="" type="checkbox"/> No.	
<input type="checkbox"/> Yes. Explain: _____	

United States Bankruptcy Court  
District of UtahIn re **Jason Michael Jacobson**  
**Valerie Nicole Jacobson**

Debtor(s)

Case No. **14-21468**  
Chapter **7****DECLARATION CONCERNING DEBTOR'S SCHEDULES**

## DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 44 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date **March 18, 2014**Signature **/s/ Jason Michael Jacobson**  
**Jason Michael Jacobson**  
DebtorDate **March 18, 2014**Signature **/s/ Valerie Nicole Jacobson**  
**Valerie Nicole Jacobson**  
Joint Debtor

*Penalty for making a false statement or concealing property:* Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
18 U.S.C. §§ 152 and 3571.

United States Bankruptcy Court  
District of Utah

In re **Jason Michael Jacobson  
Valerie Nicole Jacobson**

Debtor(s)

Case No. **14-21468**  
Chapter **7**

**STATEMENT OF FINANCIAL AFFAIRS**

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

*DEFINITIONS*

*"In business."* A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

*"Insider."* The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

**1. Income from employment or operation of business**

None  State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

**2. Income other than from employment or operation of business**

None  State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

**3. Payments to creditors**

None

**Complete a. or b., as appropriate, and c.**

a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
<b>Wfs Financial/Wachovia Dealer Svrs PO Box 3569 Rancho Cucamonga, CA 91729</b>	<b>12/2013</b> <b>1/2014</b> <b>2/2014</b>	<b>\$1,607.64</b>	<b>\$25,194.00</b>

None

b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225\*. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS/ TRANSFERS	AMOUNT PAID OR VALUE OF TRANSFERS	AMOUNT STILL OWING
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None

c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATE OF PAYMENT	AMOUNT PAID	AMOUNT STILL OWING
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**4. Suits and administrative proceedings, executions, garnishments and attachments**

None

a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
<b>Bonneville Billing &amp; Collection - Case No. 080603094</b>	<b>Civil</b>	<b>Second Judicial District Court Davis County 425 N. Wasatch Drive Layton, UT 84041</b>	<b>Judgment</b>
<b>Haven Pointe Apartments vs. Jason &amp; Valerie Jacobson - Case No. 050907287</b>	<b>Civil</b>	<b>District Court Weber County 2525 Grant Ave. Ogden, UT 84404</b>	<b>Judgment</b>

None

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

\* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED		DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
<b>5. Repossessions, foreclosures and returns</b>			
None	<input checked="" type="checkbox"/> List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within <b>one year</b> immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)		
NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY	
<b>6. Assignments and receiverships</b>			
None	<input checked="" type="checkbox"/> a. Describe any assignment of property for the benefit of creditors made within <b>120 days</b> immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)		
NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT	
None	<input checked="" type="checkbox"/> b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within <b>one year</b> immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)		
NAME AND ADDRESS OF CUSTODIAN	NAME AND LOCATION OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
<b>7. Gifts</b>			
None	<input checked="" type="checkbox"/> List all gifts or charitable contributions made within <b>one year</b> immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)		
NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
<b>8. Losses</b>			
None	<input checked="" type="checkbox"/> List all losses from fire, theft, other casualty or gambling within <b>one year</b> immediately preceding the commencement of this case <b>or since the commencement of this case.</b> (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)		
DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS	

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**9. Payments related to debt counseling or bankruptcy**

None  List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OF PROPERTY
<b>The Law Office of Roy D. Cole 2550 Washington Blvd. Suite 201 Ogden, UT 84401</b>	<b>Pursuant to Fee Agreement</b>	<b>\$700.00 Attorney Fees</b>

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**10. Other transfers**

None  a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFeree, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
None <input checked="" type="checkbox"/> b. List all property transferred by the debtor within <b>ten years</b> immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.		
NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY

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**11. Closed financial accounts**

None  List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING

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**12. Safe deposit boxes**

None  List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY

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**13. Setoffs**

None  List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF

**14. Property held for another person**

None List all property owned by another person that the debtor holds or controls.



NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
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**15. Prior address of debtor**

None  If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS

**3330 South Midland Drive #A105  
West Haven, UT 84401**

NAME USED

**Jason & Valerie Jacobson**

DATES OF OCCUPANCY

**08/2010 to 10/2012**

**16. Spouses and Former Spouses**

None  If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

**17. Environmental Information.**

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None  a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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None  b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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None  c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
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**18 . Nature, location and name of business**

None

a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

*If the debtor is a partnership*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

*If the debtor is a corporation*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

LAST FOUR DIGITS OF  
SOCIAL-SECURITY OR  
OTHER INDIVIDUAL  
TAXPAYER-I.D. NO.

NAME	(ITIN)/ COMPLETE EIN	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
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None

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME	ADDRESS
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The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

*(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)*

---

**19. Books, records and financial statements**

None

a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS	DATES SERVICES RENDERED
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None

b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME	ADDRESS	DATES SERVICES RENDERED
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None

c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME	ADDRESS
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None

d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS	DATE ISSUED
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**20. Inventories**

None  a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY	INVENTORY SUPERVISOR	DOLLAR AMOUNT OF INVENTORY (Specify cost, market or other basis)
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None  b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

DATE OF INVENTORY	NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS
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**21 . Current Partners, Officers, Directors and Shareholders**

None  a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS	NATURE OF INTEREST	PERCENTAGE OF INTEREST
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None  b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS	TITLE	NATURE AND PERCENTAGE OF STOCK OWNERSHIP
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**22 . Former partners, officers, directors and shareholders**

None  a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME	ADDRESS	DATE OF WITHDRAWAL
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None  b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS	TITLE	DATE OF TERMINATION
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**23 . Withdrawals from a partnership or distributions by a corporation**

None  If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR	DATE AND PURPOSE OF WITHDRAWAL	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
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**24. Tax Consolidation Group.**

None  If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION	TAXPAYER IDENTIFICATION NUMBER (EIN)
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**25. Pension Funds.**

None  If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER IDENTIFICATION NUMBER (EIN)

\*\*\*\*\*

**DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date March 18, 2014

Signature /s/ Jason Michael Jacobson  
**Jason Michael Jacobson**  
Debtor

Date March 18, 2014

Signature /s/ Valerie Nicole Jacobson  
**Valerie Nicole Jacobson**  
Joint Debtor

*Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571*

**United States Bankruptcy Court  
District of Utah**

In re Jason Michael Jacobson  
Valerie Nicole Jacobson

Case No. 14-21468  
Chapter 7

Debtor(s)

**CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION**

**PART A** - Debts secured by property of the estate. (Part A must be fully completed for **EACH** debt which is secured by property of the estate. Attach additional pages if necessary.)

Property No. 1	
<b>Creditor's Name:</b> Loan Max Title Loans	<b>Describe Property Securing Debt:</b> 1995 Honda Accord EX Coupe - 101,000 Miles - VIN# 1HGCD7152SA034556 - <b>Location:</b> Residence
Property will be (check one): <input checked="" type="checkbox"/> Surrendered <input type="checkbox"/> Retained	
If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)).	
Property is (check one): <input type="checkbox"/> Claimed as Exempt <input checked="" type="checkbox"/> Not claimed as exempt	

Property No. 2	
Creditor's Name: Wfs Financial/Wachovia Dealer Svrs	Describe Property Securing Debt: 2013 Dodge Dart Ralleye - 5800 Miles - VIN# 1C3CDBAXDD307172 - Location: Residence
Property will be (check one): <input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained	
If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input checked="" type="checkbox"/> Reaffirm the debt <input checked="" type="checkbox"/> Other. Explain <u>Debtor will continue to make monthly payments</u> (for example, avoid lien using 11 U.S.C. § 522(f)).	
Property is (check one): <input checked="" type="checkbox"/> Claimed as Exempt <input type="checkbox"/> Not claimed as exempt	

**PART B** - Personal property subject to unexpired leases. (All three columns of Part B must be completed for each unexpired lease. Attach additional pages if necessary.)

Property No. 1		
Lessor's Name: -NONE-	Describe Leased Property:	Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.

Date March 18, 2014

Signature /s/ Jason Michael Jacobson  
Jason Michael Jacobson  
Debtor

Date March 18, 2014

Signature /s/ Valerie Nicole Jacobson  
Valerie Nicole Jacobson  
Joint Debtor

**UNITED STATES BANKRUPTCY COURT  
DISTRICT OF UTAH**

**NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b)  
OF THE BANKRUPTCY CODE**

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

**1. Services Available from Credit Counseling Agencies**

**With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis.** The briefing must be given within 180 days before the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

**In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge.** The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

**2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors**

**Chapter 7: Liquidation (\$245 filing fee, \$46 administrative fee, \$15 trustee surcharge: Total Fee \$306)**

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

**Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$46 administrative fee: Total fee \$281)**

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over

a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

**Chapter 11: Reorganization (\$1,167 filing fee, \$46 administrative fee: Total fee \$1,213)**

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

**Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$46 administrative fee: Total fee \$246)**

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

**3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials**

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at [http://www.uscourts.gov/bkforms/bankruptcy\\_forms.html#procedure](http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure).

B 201B (Form 201B) (12/09)

**United States Bankruptcy Court  
District of Utah**

In re Jason Michael Jacobson  
Valerie Nicole Jacobson

Debtor(s)

Case No. 14-21468  
Chapter 7

**CERTIFICATION OF NOTICE TO CONSUMER DEBTOR(S)  
UNDER § 342(b) OF THE BANKRUPTCY CODE**

**Certification of Debtor**

I (We), the debtor(s), affirm that I (we) have received and read the attached notice, as required by § 342(b) of the Bankruptcy Code.

Jason Michael Jacobson  
Valerie Nicole Jacobson

Printed Name(s) of Debtor(s)

Case No. (if known) 14-21468

<input checked="" type="checkbox"/> <u>/s/ Jason Michael Jacobson</u>	<u>March 18, 2014</u>
Signature of Debtor	Date
<input checked="" type="checkbox"/> <u>/s/ Valerie Nicole Jacobson</u>	<u>March 18, 2014</u>
Signature of Joint Debtor (if any)	Date

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**Instructions:** Attach a copy of Form B 201 A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

United States Bankruptcy Court  
District of Utah

In re **Jason Michael Jacobson**  
**Valerie Nicole Jacobson**

Debtor(s)

Case No. **14-21468**  
Chapter **7**

**VERIFICATION OF CREDITOR MATRIX**

The above-named Debtors hereby verify that the attached list of creditors is true and correct to the best of their knowledge.

Date: March 18, 2014

/s/ Jason Michael Jacobson

**Jason Michael Jacobson**

Signature of Debtor

Date: March 18, 2014

/s/ Valerie Nicole Jacobson

**Valerie Nicole Jacobson**

Signature of Debtor